



APPEAL NO: _____

CITY OF FAIRFAX

Community Development and Planning

10455 Armstrong Street

Fairfax, VA 22030

Phone: 703-385-7820 / Fax: 703-385-7824

NOTICE OF APPEAL

The undersigned hereby appeals the Zoning Administrator's decision to the Board of Zoning Appeals under the provisions of Article XXIII of the City of Fairfax Zoning Ordinance as follows:

(Describe decision being appealed and grounds for the appeal. Include address and tax map parcel number of property involved in appeal. Include non-refundable \$1000.00 filing fee. Submission of site plans, plats, and maps may be required.)

Name and Title of Appellant: _____

Address: _____

Signature: _____

Phone: _____

OFFICE USE ONLY

Appeal filed: _____

Received by: _____

Fee: _____

Receipt No. _____

Hearing Date: _____

Zoning Administrator's Decision Date: _____